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## BIB DATA SHEET

CONFIRMATION NO. 2733

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/748,762	12/30/2003	600	3686	EIS-5909C (1417G P 979)	
<b>APPLICANTS</b> Dan M. Mihai, Residence Not Provided; James P. Martucci, Libertyville, IL; Kenneth Kohler, Mundelein, IL;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/444,350 02/01/2003 and claims benefit of 60/488,273 07/18/2003 and claims benefit of 60/528,106 12/08/2003 and is a CIP of 10/659,760 09/10/2003 and is a CIP of 10/424,553 04/28/2003 which is a CIP of 10/135,180 04/30/2002					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/11/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /AMBER L ALTSCHUL/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance AA Initials	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b> 58	<b>TOTAL CLAIMS</b> 47	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> BAXTER HEALTHCARE CORPORATION 1 BAXTER PARKWAY DF2-2E DEERFIELD, IL 60015 UNITED STATES					
<b>TITLE</b> System and method for medical device authentication					
<b>FILING FEE RECEIVED</b> 1558	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	